

Accepted PA 8/27/09

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS641HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/29/2009
NAME OF PROVIDER OR SUPPLIER DESERT SPRINGS HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 2075 EAST FLAMINGO ROAD LAS VEGAS, NV 89119		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
S 000	Initial Comments This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on July 13, 2009 and finalized on July 29, 2009, in accordance with Nevada Administrative Code, Chapter 449, Hospitals. Complaint #NV00022268 was substantiated with deficiencies cited. See Tag S 298. A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included. Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.	S 000			
S 298 SS=D	NAC 449.361 Nursing Service 9. A hospital shall ensure that its patients receive proper treatment and care provided by its nursing services in accordance with nationally recognized standards of practice and physicians' orders. This Regulation is not met as evidenced by: Based on interview and record review the facility failed to ensure a safe and orderly discharge for a patient (Patient #1) as follows:	S 298	Tag S 298 The identified patient had been discharged prior to the survey and it is not possible to address this particular patient. All patients admitted to the facility have the potential to be affected by this practice. The current policies related to discharge planning and discharge documentation were reviewed, no revisions were required.		

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If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Carla Christensen RN* TITLE *Performance Improvement Manager* (X6) DATE *8/13/09*
STATE FORM 6899 K1K611 If continuation sheet 1 of 2

Bureau of Health Care Quality & Compliance

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S 298	Continued From page 1 1. On 6/9/09 at 10:15 PM the patient was discharged with a taxi voucher to a group home. 2. The voucher had the wrong name of the group home. 3. The patient arrived at the wrong group home at 11:00 PM. The patient was then sent by taxi to the correct group home. 4. The facility failed to notify either group home that the resident was on his way.	S 298	<p>The Directors/Managers of the clinical units will reinforce with their staff the need to read case management documentation to verify the discharge plans for individual patients. Individual clinical staff and Case Management staff involved with this specific patient's discharge have been coached and counseled by their respective Director/Manager.</p> <p>The Directors/Managers of the clinical units will review with clinical staff regarding documentation requirements of discharge planning and need to ensure that complete and concise documentation is present on all patients. The Director/Managers</p> <p>It was also reinforced with clinical staff that any patient discharged to a facility other than home must have that facility contacted by clinical staff to advise the facility of patient's discharge, condition, and ensure that a bed is still available as per policy, "Transfer to other Facilities".</p> <p>These reviews will be completed by verbal and written communication, use of the shift "huddles" and also via the huddle communication book which is kept on each clinical unit.</p> <p>Individual responsible: Manager of Case Management Director/Managers of Clinical Units</p> <p>Date of Completion: 9/1/09</p>	

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